

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.B.	JE 895	02-15-01
RESPONSE FORMALITY REVIEW	MT	523	03/20/01
	7pb	1030	6-13-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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# INDEX OF CLAIMS

Claim		Date	Claim		Date	Claim		Date	Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	12			68			181			241	✓						
	13			69			182			242	✓						
	14			70			183			243	✓						
	15			71			184			244	✓						
	16			72			185			245							
	17			73			186			246							
	18			74			187			247							
	19			75			188			248							
	20			76			189			249							
	21			77			190			250							
	22			78			191			251							
	23			79			192			252							
	24			80			193			253							
	25			81			194			254							
	26			82			195			255							
	27			83			196			256							
	28			84			197			257							
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	32			88			201			261							
	33			89			202			262							
	34			90			203			263							
	35			91			204			264							
	36			92			205			265							
	37			93			206			266							
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	42			98			211			271							
	43			99			212			272							
	44			100			213			273							
	45			101			214			274							
	46			102			215			275							
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	50			106			219			279							
	51			107			220			280							
	52			108			221			281							
	53			109			222			282	✓						
	54			110			223			283							
	55			111			224			284							
	56			112			225			285	✓						
	57			113			226			286							
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	59			115			228			288							
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				119			232			292							
				120			233			293	✓						
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